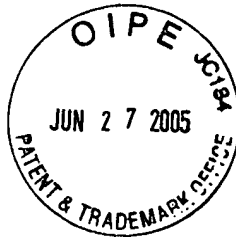


**AMENDMENT TRANSMITTAL FORM**

**Mail Stop Amendment**  
**Commissioner for Patents**  
**P.O. Box 1450**  
**Alexandria, VA 22313-1450**



**Customer No.: 23696**  
**Attorney Docket No.: 020200**  
**In Re Application of: Douglas M. CROCKETT, et al.**  
**Serial Number: 10/077,214**  
**Filed: February 14, 2002**  
**Examiner: Pierre L. Desir**  
**Group Art Unit: 2681**

Dear Sir:

Transmitted herewith for filing is a Response to Office Action in the above identified application.

CLAIMS	(a) Number Remaining After Amendment	(b) Highest Number Previously Paid For	(c) Extra Claims	Large Entity Fee	Fee Paid	
Total*	20	20	0	x \$18 =	\$	
Independent**	9	9	0	x \$86 =	\$	
Multiple Dependent Claim(s): <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				\$290	\$	
EXTENSION FEES				<input type="checkbox"/> One Month	\$110	\$
				<input type="checkbox"/> Two Months	\$420	\$
				<input type="checkbox"/> Three Months	\$950	\$
TERMINAL DISCLAIMER				\$130	\$130	
				<b>TOTAL FEE</b>	<b>\$130.00</b>	

\*If the number in column a is less than 20, enter 0 in column c.

\*\*If the number in column a is less than 3, enter 0 in column c.

4. ☐ Fee check in the amount of \$ \_\_\_\_\_ is enclosed to pay for any claim and/or extension fees.
5. ☒ Please charge Deposit Account No. 17-0026 of QUALCOMM Incorporated the amount of \$130.00  
 The Commissioner is hereby authorized to charge payment of any additional fees which may be required, or credit any overpayment to said Deposit Account No. 17-0026. A duplicate of this sheet is enclosed for fee processing.
6. ☒ The Commissioner is further hereby authorized to charge to said Deposit Account No. 17-0026, pursuant to 37 CFR 1.25(b), any fee whatsoever which may become properly due or payable, as set forth in 37 CFR 1.16 to 37 CFR 1.18 inclusive, for the entire pendency of this application without specific additional authorization.

Date: June 23, 2005

Signature: John L. Ciccozzi

John L. Ciccozzi  
 Reg. No. 48,984  
 (858) 845-2611

**QUALCOMM Incorporated**  
 Attn: Patent Department  
 5775 Morehouse Drive  
 San Diego, California 92121-1714  
 Telephone: (858) 658-5787  
 Facsimile: (858) 658-2502

**CERTIFICATE OF MAILING/TRANSMISSION (37 CFR 1.8(a))**

I hereby certify that this correspondence is, on the date shown below, being:

**MAILING**

- ☒ deposited with the United States Postal Service with sufficient postage as first class mail, in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Depositor's Name: Tami M. Procopio  
 (type or print name)

Date: June 23, 2005

**FACSIMILE**

- ☐ transmitted by facsimile to the Patent and Trademark Office.

Depositor's Name: \_\_\_\_\_

(type or print name)  
 Signature: Tami M Procopio